



SEIU UHW - WEST & JOINT EMPLOYER  
EDUCATION FUND

# Take a Course in Medical Terminology!

This **FREE 3-day** course  
will refresh or improve  
your knowledge of Medical  
Terminology!



## LOCATION:

Sacramento Education Fund Office  
in Midtown; 20<sup>th</sup> and O Street

**AT THE EDUCATION FUND OFFICE  
SACRAMENTO**

## DATES and Times:

Thursday **Mar 11**, 9:30am-6:30pm  
Monday **Mar 15**, 8:00am-5:00pm  
Friday **Mar 19**, 8:00am-5:00pm

Get your certificate in Medical Terminology!

## To Apply- Fax Us

1. The completed application (on back)
2. A copy of a recent pay stub
3. A copy of a photo ID to verify eligibility

## Am I Eligible to take this class?

### Yes! If you:

- Work in a participating SEIU bargaining unit position for a contributing employer
- Are a regular full time or part time employee eligible for benefits
- Have completed your initial probationary period

**Fax 916-448-2401 / attn Maggie Newcomb**

**Deadline to apply February 22nd**

We will send confirmation upon receipt of your application

For more about this and other Education Fund  
programs and services call

**1.888.TRAIN06 (872.4606) TOLL FREE**

Or visit us on the web at

**WWW.SEIU-UHWEDUC.ORG**



**CAREER PREP – MEDICAL TERMINOLOGY APPLICATION • 3/11, 3/15 & 3/19**

To be eligible to apply for the Medical Terminology Class, you must meet the following criteria:

- 1) Work in a participating SEIU bargaining unit position for a contributing employer
- 2) Be a regular full or part-time employee eligible for benefits
- 3) Have completed your initial probationary period

FOR MORE INFORMATION OR TO APPLY ONLINE GO TO WWW.SEIU-UHWEDUC.ORG

**1. GENERAL INFORMATION**

|   |                      |  |                   |             |
|---|----------------------|--|-------------------|-------------|
| *SOCIAL SECURITY NUMBER<br><b>XXX-XX-</b> _____ | **EMPLOYEE ID NUMBER | LAST NAME  | FIRST NAME        | MIDDLE NAME |
| STREET ADDRESS                                  |                      | APT #  | HOME PHONE<br>( ) |             |
| CITY  | STATE                | ZIP CODE   | WORK PHONE<br>( ) |             |
| BIRTHDATE<br>_/_/___                            | SEX                  | RACIAL ETHNIC BACKGROUND (OPTIONAL)<br><input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT<br><input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> WHITE/CAUCASIAN<br><input type="checkbox"/> OTHER _____ | CELL PHONE<br>( ) |             |
| EMAIL ADDRESS                                   |                      |  | BEST TIME TO CALL |             |

**2. PROGRAM/COURSE INFORMATION**

**FOR YOUR APPLICATION TO BE CONSIDERED YOU MUST PROVIDE THE FOLLOWING REQUIRED DOCUMENTS:**

- **Completed Program Application AND**
- **Copy of a recent pay stub AND**
- **Copy of a photo ID**

**3. EMPLOYMENT INFORMATION**

|   |  |                           |
|---|--|---------------------------|
| EMPLOYER  | FACILITY   | DEPARTMENT                |
| DATE OF HIRE    _/_/___   | Hrs/Wk   | JOB TITLE                 |
| BENEFITTED (OR BENEFIT-ELIGIBLE)?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | WAGE   | SUPERVISOR/MANAGER'S NAME |
| SCHEDULE <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME  | SHIFT <input type="checkbox"/> NIGHTS <input type="checkbox"/> DAYS<br><input type="checkbox"/> EVENINGS | SUPERVISOR'S E-MAIL       |
| UNION REPRESENTATION (CHECK ONE)<br><input type="checkbox"/> SEIU UHW-WEST (FORMERLY LOCAL 250)<br><input type="checkbox"/> OTHER : _____ | <input type="checkbox"/> NONE  | SUPERVISOR'S PHONE ( )    |

**4. CERTIFICATION**

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree that the Education Fund may share my name and contact information with my employer and the school or training institution in order to verify my eligibility and enrollment status. I understand that specific information related to my academic performance will not be shared with my employer.

APPLICANT'S SIGNATURE

APPLICATION DATE

**\*REQUIRED:** Only list the last 4 digits of your social security number

**\*\*REQUIRED:** *Incomplete applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.*

**FAX, MAIL (U.S. mail only) or HAND DELIVER application**

**Attn: Maggie Newcomb, Implementation Specialist**

2000 O Street, suite 240

Sacramento, CA 95811

Fax: (916) 448-2401

For more information call **916-444-5037**

**- or - E-mail: mnewcomb@seiu-uhweduc.org**

We will send confirmation when we receive your application

Deadline to apply- February 22nd

**Space is limited so we will notify you if you are accepted**